LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU, QUALITY ASSURANCE DIVISION

CHART REVIEW FY 15/16

FREQUENTLY ASKED QUESTIONS

1. **Our Electronic Record System does not have a notation on printed documents that states it was signed electronically. Instead, it shows a picture of the practitioner's signature. Is that ok?**
    a. This should be fine. We recommend putting a statement in the ancillary folder explaining how your electronic signature appears on printed documents and provide a picture of the signature on the document.

2. **When printing out documents from our Electronic Record System for the chart review, should we only print out those on the Chart Flagging Handout or do we need to print out the entire chart (e.g. PFI, Consent for Services)?**
    a. Only those documents listed on the "Chart Flagging Handout" are required. We do not want to provide more information than is needed for the review.

3. **Should we only provide those progress notes that correspond to the services found on the "Claims Submitted by Client" document that was provided to us by QA?**
    a. Please provide all progress notes during the chart review period (January 1, 2015 through March 31, 2015). The "Claims Submitted by Client" document was mainly provided to assist in identifying the rendering providers/practitioners for which you need to provide supporting documents. It should also be used to assist in identifying if any EOBs need to be provided per the "Ancillary Folder Checklist".

4. **Are we to only provide credentials in the ancillary folder and names on the staff information form for the staff that provided direct services per the "Claims Submitted by Client" document? For some treatment plans and progress notes, we also have supervisors that co-signed and staff who signed information prior to the audit period (for example, the assessment that preceded it). Would we need that information on the staff information sheet and credentials for those staff as well?**
    a. Yes, please provide the staff information for any practitioner who signed a document pertinent to the review period (i.e. you will be flagging the document per the "Chart Flagging Handout". Please provide their information on the staff information sheet and credentials (license) as well.

5. **Should we include Initial Assessments that do not fall in the audit period or meet the requirement of the assessment prior to the review period? For example, we may have a client that has been here for a few years and if their Initial Assessment was done in 2010, do we only include the annual/re-assessments that were done during and right before the audit period or should we include the Initial Assessment?**
    a. If the Initial Assessment is needed to support Medical Necessity, then it should be provided.

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6. **What do I do if there is a staff signature missing in the chart?**
    a. The signature of a staff person may be added but the staff person MUST date it with the actual date the staff person signs. The staff may NOT backdate their signature.

7. **What do I do if there is a missing client signature in the chart?**
    a. For purposes of the audit, nothing may be done. However, you may want to obtain the client's signature as soon as possible to prevent any future audit issues. The client MUST date it with the actual date the client signs. You may NOT backdate the client's signature.

8. **What do I do if there is a missing progress note or other forms?**
    a. Please contact Jennifer Hallman (jhallman@dmh.lacounty.gov). These situations must be handled on a case by case basis since the client's medical record is considered a legal document.

9. **What do I do if I realize there was an inaccurate claim submitted during the audit period?**
    a. Once the list of clients in the audit is released, you may NOT void or change any claims that have been submitted. Prior to when the list of clients is released, you should void the claim.

10. **What do I do if the time was left off of the progress note or the time recorded on the progress note is inconsistent with the time associated with the claim listed in the IS printout?**
    a. If the time was left off of the progress note and you can verify (via the Daily Service Log or some other document) what the accurate time was, you may enter the time on the progress note and initial and date (with current date) the entry.
    b. If the time on the progress note is inconsistent with the time associated with the claim in the IS printout, no change may be made once the list of clients is received. Prior to the list of clients being received, the progress note or the claim should be corrected.